

AMERICAN MEDICAL TIMES

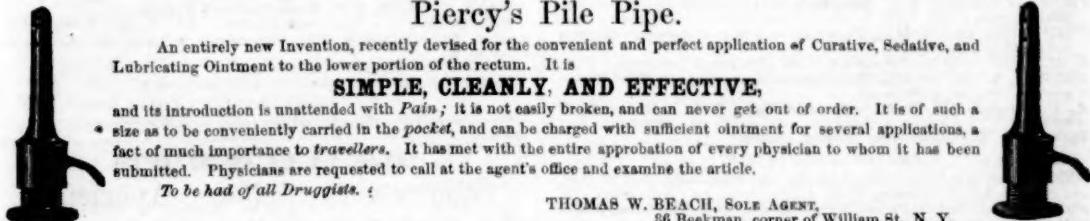
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Page	Page
ORIGINAL LECTURE.	
Course of Lectures on Dentition and its Derangements. Delivered at the N. Y. Med. Col. and Charity Hosp: in the Preliminary Course, Session 1860-1. By A. Jacob, M.D., etc. Lecture XII.	155
REPORTS OF HOSPITALS.	
NURSEY AND CHILD'S HOSPITAL: The Liver in the Summer Complaint in Children. By J. Lewis Smith, M.D.	160
PROGRESS OF MEDICAL SCIENCE.	
Intra-Thoracic Hydatid Cyst, etc. By Prof. Henri Boger.	162
REPORTS OF SOCIETIES.	
MEDICAL AND SURGICAL SOCIETY: Dr. Halsted in the Chair. Stated Meeting, Feb. 15, 1862.	162
EDITORIAL ARTICLES.	
Health in our New Navy.	164
THE WEEK :	
Sanitary History of the Peninsular Campaign.	165
Army Health.	165
Gen. Viele.	165
The Sanitary Commission.	166
CORRESPONDENCE.	
Volunteer Surgical Aid.	166
ARMY MEDICAL INTELLIGENCE.	
Report of Dr. J. Swinburne on Savage's Station Hospital, Va.	167
METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.	

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BY
STEPHEN SMITH, M.D.,
SURGEON TO BELLEVUE HOSPITAL.

This work gives the details of the more common as well as the important operations in Surgery. It is particularly adapted to the wants of the ARMY SURGEON, and would be found useful both by the practitioner and student.

From the "American Journal of the Medical Sciences," July, 1862.

The second, third, fourth, and fifth chapters, which constitute the great part of the work, contain an admirable exposition of the subjects to the consideration of which they are devoted, and they may be consulted by every surgeon with pleasure and profit. The chapter on resections is particularly valuable, and it may confidently be said to contain the best account of this important class of surgical operations that is to be found in the English language.

From the "Buffalo Medical and Surgical Journal and Reporter," July, 1862.

The book is rendered convenient and portable, and may be carried as a reference and guide in all emergencies. Almost every important operation is represented by engravings which illustrate the subject to the fullest extent practicable, and add very much to the value of the work. Illustrations of instruments are also made, which represent the latest improvements, and constitute also an important addition. Though this hand-book of surgery is made to conform to the necessities of military surgery, still it is also a valuable hand-book of surgery in civil practice as well; and almost every operation in surgery is described with sufficient detail for the ordinary purposes of study and practice. As a hand-book of surgery, it stands at the head of a long list of similar books.

From the "Boston Medical and Surgical Journal," June 19th, 1862.

This treatise was prepared, as the author says in his preface, at the suggestion of a number of professional friends who had been called from their usual avocations to act as regimental surgeons in the United States Army. They have felt the want of a manual of operative surgery at once portable, exact, up to the present stage of surgical knowledge, and fully and clearly illustrated. It is very evident that many of our professional brethren on whom the grave responsibilities of military surgeon have fallen, could not be expected to represent in their own attainments at the moment, all that such a work should contain. Neither could they carry about with

them a cumbersome surgical library. What was wanted was something to refresh their memories, in as small a compass as possible. Such a work Dr. Smith may fairly congratulate himself on having made. Its scope is limited to those branches of operative surgery which are of the most importance to the military surgeon, and yet, with the exception of gunshot wounds, the subjects treated of are liable to engage the attention of the surgeon at any time. The work is most copiously illustrated by excellent and intelligible wood-cuts, taken from the highest authorities, and the print is remarkably clear and legible—no small recommendation when we think of the dubious light of the tallow dips, by which it must often be consulted by those for whose special benefit it is intended. Its flexible cover makes it handy for use, and packable in any space large enough to crowd it into. We gladly recommend it as a most valuable companion to surgeons in the field.

From the "Cincinnati Lancet and Observer," July, 1862.

The state of our country during the past year has called out a new department of professional literature, of which this book before us is an example: books bearing upon the wants of the surgeon in actual service in field and camp. For its purpose, perhaps none of these hand-books for the army surgeon are more practically valuable than this contribution of Dr. Smith. Of course, this is a condensed compilation—it makes no pretence to anything else; but it is well compiled, well condensed, and well digested; the whole is in very convenient shape for reference and immediate use in emergency—and this need of the surgeon on duty we suppose is exactly what Dr. Smith intended and desired to fill. An excellent feature increasing its value consists in the copious illustrations throughout the entire volume. Every point and description of any importance is clearly and well illustrated with the accompanying wood-cut. It is bound in flexible cover, and will carry conveniently in the pocket, or pack in very small compass in the camp-chest.

Letter from one of the Surgeons of the University Hospital, Nashville, Tenn.

UNIVERSITY HOSPITAL,
Nashville, Tenn., June 26th, 1862.

Your "Hand-Book of Surgical Operations" has reached Nashville. It is a beautiful thing, and perfect as far as it goes. The plates admirably illustrate the text. It is complete as a military hand-book of operative surgery, and is very highly spoken of by all the surgeons who have examined it.

Letter from PROF. FRANK H. HAMILTON, Med. Director of the 4th Corps d'Armée, Army of the Potomac.

HEADQUARTERS, GEN. KEYES' CORPS,
Near Harrison's Landing, Va., July 22, 1862.

I have had the pleasure of looking over the "Hand-Book of Surgical Operations," by Stephen Smith of New York, and do not hesitate to pronounce it the best book yet published for the use of army surgeons; and as such I have recommended it to all the army surgeons I have met.

FRANK H. HAMILTON,
Med. Director 4th Corps.
BAILLIÈRE BROTHERS, 440 Broadway, N.Y.

Bellevue Hospital Medical College,

City of New York. Second Annual Session 1862-3.

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AUSTIN FLINT, JR., M.D., Secretary.

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A. W. WILKINSON, M.D., Assistant to Chair of Chemistry and Toxicology.
EDWIN A. WARE, Bellevue Hospital, Janitor.

PRELIMINARY TERM.

The Preliminary Term will commence on Wednesday, Sept. 17, 1862, and continue to the beginning of the regular term, viz.: four weeks. In addition to daily instruction in the Bellevue and Blackwell's Island Hospitals, at least three Lectures will be given daily during the term, exclusively by members of the Faculty. The didactic instruction during this term will embrace the following subjects:—Surgical Affections of the Breast and Testes, by Prof. Wood; Surgical Affections of the Eye, by Prof. Sayre; Amputations, by Prof. Mott; Surgical Dressings, by Prof. Smith; Inflammations of the Uterus, by Prof. Taylor; the Symptoms, Signs, and Disorders of Pregnancy, by Prof. Barker; Uterine Therapeutics, by Prof. Elliot; Diet, by Prof. McCready; Comparative Anatomy, by Prof. Childs; Diagnosis of Diseases of the Heart, by Prof. Flint; Toxicology, by Prof. Doremus; Anatomy and Functions of Glandular Organs, by Prof. Flint, Jr.

REGULAR TERM.

The Regular Term will commence on Wednesday, Oct. 15, 1862, and end early in March, 1863.

During the whole of the Session the Student will have the opportunity of attending, at least, two Clinical Lectures daily. In addition to these, during the regular term, three Didactic Lectures are given on every weekday, except Saturday. The Didactic Lectures are so arranged as not to interfere with attendance in the Hospital wards. Ample time is allowed for accompanying the Visiting Physicians, Surgeons, and Obstetricians in their daily rounds, attending clinical lectures, witnessing surgical and obstetrical operations, and following private courses, without compromising in any degree the regular didactic instruction. Clinical and Demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the Hospitals available to the Student to the fullest extent.

All the Lectures in this College are given either in the Hospitals or in the College building, situated within the Bellevue Hospital grounds.

The BELLEVUE HOSPITAL receives annually from TEN to TWELVE THOUSAND PATIENTS, the average number of cases constantly under treatment during the winter being from EIGHT to TEN HUNDRED. Cases of all descriptions, excepting only the eruptive fevers, are received. The annual number of births in the Hospital is about FIVE HUNDRED. The BLACKWELL'S ISLAND HOSPITAL, under the charge of the Medical Board of Bellevue Hospital, contains usually about ONE THOUSAND patients, a large proportion being affected with chronic diseases. This Hospital always contains several hundred cases of syphilis.

In addition to the immense field of clinical instruction afforded by these hospitals, the student may avail himself of other resources for practical instruction contained in the great metropolis.

Practical Anatomy, amply provided for by law, may be prosecuted to any extent and without expense.

Twenty-two resident Physicians and Surgeons are annually appointed on the recommendation of the Medical Board of the Hospital, after an examination, and receive a salary adequate to their support.

The fees for all the tickets for the Session amount to \$105. Tickets for one or any number of the seven departments of instruction may be taken separately. The matriculation fee is \$5. The graduating fee is \$30. No additional fees are required for hospital tickets or anatomical material. Students who have attended two full courses in other accredited schools receive all the tickets for \$50, exclusive of the matriculation fee. Students, after two full courses in this College, or who have attended one full course in this college, and one full course in some other accredited school, are required to matriculate only. Graduates of other schools, after three years, are required to matriculate only. Prior to the expiration of three years, they receive a general ticket for \$50.

The requisites for graduation are the same as in other Colleges of this State.

Comfortable board and lodging may be obtained for from \$8 to \$5 per week. The necessary expenses at attending a course of lectures need not exceed \$200, exclusive of travelling expenses.

Bellevue Hospital is situated on East River, between 26th and 28th Streets. The entrance to the Hospital is on 26th Street. Students, on arriving in the City, are requested to report at once at the College of Bellevue Hospital. The Janitor will be provided with a list of boarding-houses near the hospital, and will take pains to aid students in securing comfortable accommodations without delay.

Persons desiring further information are requested to communicate with the Secretary of the Faculty, Prof. AUSTIN FLINT, Jr., No. 74 Union Place, corner of 4th Avenue and 19th Street.

Geneva Medical College.—The Session of 1862-63 will begin on Wednesday Oct. 1, 1862, and continue sixteen weeks.

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Further information may be obtained by addressing

J. TOWLER, Dean of the Faculty, Geneva, N. Y.

* R. Stone, M.D., will perform the duties of this department.

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ON

DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.

SESSION 1860-61.

LECTURE XIII.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

Therapeutics of Dentition.—Means of Alleviating Dentition.—Scarification of the Gums.

It has been the object of my lectures to prove that dentition is neither a disease nor a direct cause of diseases, except in very rare cases. I believe I have shown that all those diseases of the cutaneous, circulatory, respiratory, and nervous organs, generally attributed to dentition, are in no, or very loose, connexion with the physiological process of teething; that further, pathological occurrences cannot, in themselves, be accounted for by a simple and undisturbed physiological process; and finally, that disturbances are very rare indeed. It is, therefore, at least superfluous to more than mention these facts, as they are too fresh in your memory to require more than a mere reference to my former lectures. Now, if dentition is no disease, what right have I to speak of the therapeutics of dentition? I answer myself, that I have none. The diseases we have reviewed with each other, which were said to depend on dentition, require a treatment of some kind. But you have learned that their presumed dependency on dentition had not the least influence on their treatment. Thus we cannot even say that dentition, as it has not the slightest effect on the nature of those diseases, the etiology of which may be very complicated, has certainly none on their treatment.

Thus there is no treatment of dentition as such. Whatever treatment has been resorted to, has even in former times been very rarely of a general character. We should have to except from this general remark the common practice of purging by remedial agents such children as would not suffer from diarrhoea during the protrusion of a tooth or a group of teeth. But there are a number of local contrivances that have been resorted to, partially for the purpose of curing such diseases as were considered the consequences of dentition; partially, however, for their prevention. Among the latter I comprehend the articles prepared from leather, wood, bone, India-rubber, which are destined to help the little ones in the work of the gradual absorption of the gums, or to relieve whatever annoying sensation they have or are supposed to have. I do not think that they can hurt, at all events I am not afraid of the inflammation which several authors suppose to follow the frequent use of these things. As to other means of alleviating or escaping the sufferings of dentition, every country, both civilized and barbarous, has invented its own; and what the instinct of the people did not furnish, has very frequently been sinned by those who ought to have known, and taught, better. According to Dr. Magaziner, the inhabitants of the regions around the Caspian Sea fill a quill with metallic mercury, and envelop it in a piece of leather or a woollen rag, in order to influence the secretion of milk in the female breast. Suspended over the chest, it is believed to increase the amount of milk, while it is believed to decrease when the metal is suspended on the back. This popular belief Dr. Smirnoff has attempted to transfer into practice and science on quite a different territory. He applied the same contrivance in cases of "difficult dentition," and succeeded so well, that he instantaneously made his discovery public. Up to this time

the world has proved ungrateful. The modern Greeks, as we learn from the communications of Pr. Landre, of Athens, to the Archives of Pharmacy (Oct. 1851), alleviate difficult dentition, and accelerate the protrusion of teeth, by daily frictions of the gums with the fresh brain of hares. A number of curious facts of a similar nature could be collected, if it was worth while in a time when the brain of medical persons is still overtaxed to excel by some unexpectedly clever invention of their own. I have availed myself of some former opportunity to speak to you of Dr. Delabarre's Dentition Syrup, by which not only the tickling sensation of the gums of teething children is removed, but at the same time the immense number of diseases following this tickling sensation is prevented. It ranks with the numerous nostrums of the newspaper advertisements, and will, I hope, be forgotten with them.

Of the treatment of such diseases as have been believed to depend on dentition, I have spoken at different times, at the same time when I took some pains to elucidate their etiology; the measures for the purpose of preventing disease, by protecting the infantile organs, and by a proper diet, further, the measures for securing easy dentition, by securing general health, have repeatedly been the subject of our conversation. There is, however, one of the numerous means used for the purpose of alleviating dentition and curing dental diseases, on which I feel both bound and inclined to make a few remarks, viz. scarifications of the gums for the purpose of allowing a more rapid protrusion of a tooth, and thus affording protection or recovery from dangerous dental maladies.

Scarification of the gums has been practised for hundreds of years. Ambrose Paré lanced the gums of his own children. Harris, Van Swieten, and others, practised the same operation, but never before the gum would be stretched and prominent over the tooth, leaving its alveolus. They were of the opinion that the premature performance of the operation would be followed by a cicatrix of so solid a character that at a later time the tooth would find serious difficulties in piercing the gums. Benjamin Bell, however, and Richter, assert that deferring the operation until the period mentioned renders it entirely unnecessary; for the derangements following difficult dentition are perceptible before the piercing of the gums; therefore the gums must be lanced early in order to encounter the dangers of difficult dentition; if the incision were made prematurely, it might be repeated. Richter, moreover, believes the usefulness of lancing the gums to consist in the hemorrhage produced by this operation. Others advise to delay its performance until other means to check or remove morbid symptoms have failed. Girtanner praises it as the safeguard of many children who would have been lost without it; Camus, however, declares it to be both useless and injurious; he also doubts if the convulsions so generally attributed to the influence of difficult dentition really depend on the presumed cause.

The methods of the operation that have been recommended are just as various as the opinions concerning its value. One makes a single transverse incision, the other, a cross incision; others act in the former manner over the incisors, in the latter, before the appearance of the molars. Boyer removes the whole portion of the gum as far as it covers the tooth, attempting in this manner to avoid the rapid reparative process generally following the operation, which is of such power and rapidity that Hunter was compelled to scarify ten times for the very same tooth. Again, others report that a single transverse incision is sufficient to remove very severe symptoms. This observation has particularly been made in cases of convulsions, which sometimes would not return after a sufficient incision. Mombert urges this fact, but at the same time advises not to lance the gum before the tooth is really ready to pierce it. His reason for this advice is the solidity of the cicatrization. He often repeats the operation, but is averse to cutting to any depth. In his opinion it becomes but rarely necessary for the incisors, more frequently for the molars,

most often for the canine teeth; because in these the gums, from their pointed and conical form, are still irritated after the sharp crown has commenced penetrating. The incision is to be made without hesitation where, with the presence of dangerous symptoms, the teeth show their white color through the gums, when these are extended, hot, and swelled, when the infants cry constantly, where soothing applications to the gums have been unsuccessful (such a soothing application is said to be: mel. rosar. 3 ij; succ. citr. 3 j; aq. amygdal. amar. 3 ij), and where the general symptoms have not given way to the generally known remedies. If the symptoms are no less after the incision, or return after hours or days, the operation must be repeated; suppuration is very seldom observed. Unless, however, a third incision removes the morbid symptoms, there must be other causes for them. Thus, the author makes incisions where the symptoms were not removed by the generally known remedies; and where incisions will not help, he concludes that dentition is not the cause of the symptoms, and probably returns to his "generally known remedies." What they are is not known to us. A curious manner both of diagnosing the nature of an ailment, and of curing it.

The most emphatic eulogizer of the scarification of the gums is Marshall Hall. I cannot do him more justice, nor prove more impartial, than by quoting his very words. He says:

"There is no practical fact, of the truth and value of which I am more satisfied, than that of the effect and efficacy of scarification of the gums in infants, and not in infants only, but in children. But the prevailing, I may say the universal, idea on this subject is, that we should lance the gums only when the teeth are ready to pierce through them, and only at the most prominent part of the gums, and as the occasion to which I have referred may require; and no idea of this important measure can be more inadequate to its real value. The process of teething is one of augmented arterial action and of vascular action generally; but it is also one of augmented nervous action; for formation, like nutrition, secretion, etc., generally, is always a nervo-vascular action; and of this the case in question is, from its peculiar rapidity, one of the most energetic. Like other physiological processes, it is apt to become, from that very character of energy, pathological, or of morbid activity. It is obviously, then, attended with extreme suffering to the little patient; the brain is irritable, and the child is restless and cross; the gums are tumid and heated; there is fever, an affection of the general vascular system, and there are, too frequently, convulsions of various degrees and kinds, manifested in the muscles which move the eyeball, the thumb and finger, the toe, the larynx, the parieties of the respiratory cavities; and the limbs and frame in general, affections of the excito-motor part of the nervous system, and of the secretion of the liver, kidneys, and intestines, affections of the ganglionic division of that system."

"It is to the base of the gums, not to their apex merely, that the scarification should be applied. The most marked case in which I have observed the instant good effect of scarification, was one in which all the teeth had pierced the gums. Better scarify the gums one hundred times unnecessarily, than allow the accession of one fit of convulsions from the neglect of this operation, which is equally important in its results, and trifling in its character. And it is not merely the prominent and tense gums over the edges of the teeth which should be divided; the gums, or rather the bloodvessels, immediately over the very nerves of the teeth, should be scarified and divided. Now, while there is fever or restlessness, or tendency to spasm, or convulsion, this local bloodletting should be repeated daily, and in urgent cases even twice a day. A skilful person does it in a minute, and in a minute often prevents a serious attack; an attack which may cripple the mind, or the limbs, or even take the life of the little patient, if frequently repeated. There is, in fact, no comparison between the means and

the end; the one is trifling, and the other so momentous."

"There is a phrase among nurses, viz. the breeding of teeth, which may be taken as evidence that before the teeth actually reach the borders of the gums, they may prove the source of much irritation."

Where "a phrase among nurses" is taken as "evidence," or where every case of convulsions is attributed to the process of dentition, because now and then a fit will occur in consequence of some irregularity in the protrusion of a tooth, we may have to expect such practice as recommended in the quotations you have just been listening to. It is true that a simple incision into the gums is generally not at all a dangerous thing, but to repeat the same operation to such an extent, to again and again lacerate the gums, appears both cruel and absurd. Moreover, Marshall Hall's own countrymen report cases of scarification of the gums made after his fashion, after which copious haemorrhages, suppurations, and ulcerations would take place. Not to speak of this fact, that all authors recommending frequent scarification were at the same time opposed to repeating it too frequently in rachitic and scrofulous infants; but you know, that just these are the very ones who are most subject to the symptoms of what they call difficult dentition. Not to speak of the further fact, that the practice of lanceting the gums where you wish to avoid the trouble of making a diagnosis, and of stopping to lance when you see no success, and therefore suspect some other cause of the morbid symptom, is unscientific and unworthy. Marshall Hall affirms never to have lost a child from difficult dentition—the greatest recommendation for his surgical cure of both difficult and easy dentition. I may state the same result of my own practice among teething infants, viz. that although I hardly make more than ten or twelve scarifications of gums in the course of a year, I have also never lost a case from "difficult dentition."

I see very few indications for the lancet during the period of dentition. You may cut where the gums are an impediment to the protrusion of a tooth, or where the gums themselves are the seat of a disease giving rise to general symptoms, especially of the nervous system. Thus, inflammation of the gums justifies an incision, for the sake of relieving the tension of the tissue; the same practice is followed in inflammations of the tongue, of the fingers, etc. Even mild cases in very irritable children may be treated in the same manner. But the incision itself, especially when repeated, may be a cause of irritation, sometimes visible in the fact that during the prevalence of follicular or other stomatitis the gums will be found covered with superficial ulcerations. I need not add, that while exudative processes, such as diphtheria, are active in the system, every wound of this description will give rise to new diphtheritic deposits. I, then, scarify the gum in cases of intense local hyperaemia and inflammation: these are the cases in which the loss of a few drops of blood, which have no effect on either the healthy or the diseased system in general, is decidedly advantageous. I should scarify, and have done so, several times during my practice, in cases of convulsions in tender, delicate, irritable patients, in whom I found the gums swollen, and where a correct diagnosis could not be made instantaneously; especially in such as had been once relieved by the same operation; for I must confess that once or twice in my life, not oftener, I have observed the instant termination of an attack of convulsions after I lanced the gums. But always be sure that the tooth is near the surface. I know that new cicatrices will easily tear, but old ones will not; and I have seen real trouble arising from teeth that had been cut weeks before they were ready to pierce the gums; if you mean to call it a piercing, for under normal circumstances the process is one of slow absorption of the gum. I have known cases in which practitioners had lanced the gums two or three months before the final appearance of the tooth, a practice which is annoying, or useless, or dangerous to the child, and certainly not indicative of much diagnostical power and therapeutical know-

ledge in the doctor. It is not even uncommon to find a retardation of the protrusion of a tooth where you expected its daily appearance. A child becomes sick, with the symptoms of fever, and some local symptoms which you will or will not diagnosticate, according to your accomplishments as a diagnostician. You lance the gums, and expect not only the appearance of the tooth, but also a termination of the untoward symptoms. Nothing of the kind occurs. To the contrary, the child gets thinner and sicker, and no tooth. Where the system is intensely suffering, where emaciation takes place and nutrition is interfered with, it is but natural that the growth of a tooth should also stop. In such cases you may safely predict that no tooth will appear before the child will get well, or at least better. During convalescence the tooth cuts. You say that it made its appearance after the organism had been sufficiently restored to allow of phosphate of lime being spared for the building of teeth; the mother says, that because the child was well when the tooth came and was through, the child suffered from its tooth. You say, the child cut a tooth, after it was well enough. She says, it got well after it cut a tooth. Certainly there are difficulties in teething, but during, not from.

In one of my first lectures I have spoken of the direct injury done to the tooth by incisions. The consistency of the tooth is the less the younger the child; and the harm done to a tooth by the effect of a hard and sharp instrument cannot be denied. If you expect to effect anything by an incision, you must be sure of dividing it down to the tooth. But you can scarcely avoid injuring the tooth in cutting down upon it. If this danger exists, and it does exist, it is the more to be feared from those often-repeated scarifications recommended by Marshall Hall, and others. Thus while your incisions are of no use in the present, they are positively injurious to the future. There is something absurd and unworthy of the high standing of our profession in performing any, though slight, operation, which is useless; but it is a revolting thought to perform one that is worse than useless, viz. injurious. It is unworthy of the high vocation of our profession to resort to an action which gives the impression to the relations of the little sufferer, that not only something has been done, but that the right thing has been done, and which, nevertheless, is destined, in most cases, to cover the want of a diagnosis, and the ignorance regarding the causes of the disease. The language of disease in infantile life is intelligible enough. It is your province to listen to it, and to understand it.

VACCINATION IN BENGAL.—In this presidency there were 14,874 persons vaccinated, out of which number there were 13,231 successful cases. In the Barrackpoor division there were 41,259 persons vaccinated, 38,676 being successful. In the Decca division there were 5715, and in the Dinapore circle 4662; 3918 in the former, and 3471 in the latter, being successful. Altogether we have a grand total—vaccinated, 66,510; successful, 59,296. These operations were effected by 71 vaccinators. In Midnapore alone there were 24,127 persons vaccinated, and the very large proportion of 23,898 were successful, leaving only 239 cases which did not succeed.—*Lancet*.

BAYONET WOUNDS.—In reference to a paragraph in your impression of August 9th, commenting upon the fact of no mention being made of bayonet wounds in the late American actions, I beg leave to state that in the experience derived from presence on the field in upwards of fifty actions, I have only seen two bayonet wounds: one occurring in barrack, the result of a quarrel between two soldiers; the other, an accidental wound in the leg, received by the commanding officer of the regiment in which I was then attached, from the awkwardness of one of our own men. The impression upon my mind, therefore, is, that bayonet wounds are most rare on the field of battle.—*Brit. Jour.*

Original Communications.

DIALYSIS.

A REPORT ON A NEW MEANS OF CHEMICAL ANALYSIS.

BY LOUIS ELSBERG, M.D.

LECTURER ON "THE APPLICATION OF REMEDIES," IN THE UNIVERSITY OF N.Y.

- (1.) Graham on Liquid Diffusion applied to Analysis. *Royal Society Transactions*, London, 1861. Part I. *American Journal of Pharmacy*, 1861, p. 518.
- (2.) Reedwood on Dialysis, *London Pharmaceutical Journal*, April, 1862.
- (3.) Daubeny on Agricultural Chemistry, *Gardeners' Chronicle*, London, December 7, 1861.
- (4.) Procter on Dialysis. *American Journal of Pharmacy*, July, 1862.
- (5.) Dialysis, Editorial Leader, *London Medical Times and Gazette*, August 2, 1862.

The art of chemical analysis is truly advancing with rapid strides. Accurate and untiring, enthusiastic yet laborious experimenters lead the van; and it requires the dedication of a Life's Mission promptly and thoroughly to follow. The medical practitioner, while his science makes it an imperative duty to familiarize himself with the stand-point which the great auxiliary and ally of his art has reached, finds it no easy task to keep himself *au courant* with even the methods of progress. Volumetrical and Microscopical analyses have but just been made available for the purposes of the physician; and while yet fascinated with the beauties and subtleties of Spectral analysis, our attention is again claimed for another analytical discovery—less beautiful, it is true, and less subtle, but susceptible of much wider application, yielding results of greater practical value, and therefore possessing more immediate interest to us as medical men." (5.) The new method here alluded to—dialysis—we owe to the elaborate researches of Prof. Thomas Graham, the Master of the Mint, of London. It consists in effecting analysis by means of liquid diffusion. It requires only a most simple apparatus, dispenses almost entirely with chemical reagents, and is very easy to apply. Indeed, "it may fairly be described as a kind of royal road or short cut, enabling us to arrive at analytical results previously unattainable, or attainable only by processes far more complicated, and far more open to fallacy." (5.) I have thought it not unprofitable to transcribe from the sources indicated above—and especially from the last two, which themselves are reports based upon the preceding—a sketch of the nature of this new process, the mode of its practical application, and the valuable results that already have been and may yet be expected to be derived from it.

I have defined "dialysis" to be the method of effecting chemical analysis by means of liquid diffusion. Liquid diffusion has been defined as "the tendency which particles of matter in solution have to move from one part of a liquid menstruum to another, even in opposition to the force of gravity, under particular circumstances." (4.) It is well known that if a solution, of common salt for instance, be conveyed to the bottom of a jar of distilled water so carefully that the fluids be not mixed mechanically—either by means of a pipette or by placing the saline solution in a smaller jar—the dissolved salt will be found, after standing some time undisturbed, to have diffused itself into the distilled water. Now it has been ascertained (1.) that the same substance in aqueous solution always diffuses itself into the same superincumbent medium at the same rate within a certain time; while "different substances in solutions of equal strength diffuse unequally in equal times." (2.) Thus common salt diffuses into water at least twice as fast as Epsom salt, and the latter twice as fast as gum arabic. Of all the bodies hitherto tested (4.), hydrochloric acid is the most diffusive; assuming this body as unity, the time of equal diffusion for chloride of sodium is 2.33; for sugar 7; sulphate of magnesia, 7; albumen, 49; caramel, 98. Mr. Graham discovered that, as a general rule, crystallized bodies diffuse much more readily than amorphous substances; hence, he

classed highly diffusible substances together as *Crystalloids*, and gave to the feebly diffusible ones the name of *Colloids*, from *collin*, gelatin, the type of this class. Among the colloids are hydrated silicic acid, hydrated albumina, and other soluble metallic peroxides isomorphous with the latter body, together with gelatine, albumen, starch, dextrin, and the gums, caramel, vegetable and animal extractive matters. (5.) Mr. Graham considers crystallizable bodies to be in a *statical* condition, while the colloids are in a *dynamical* state; that is to say, the latter have a greater susceptibility to the influence of external agents, and from this cause are adapted to the transforming influences of the processes of organic life, like albumen, gelatin, and fibrin of the animal body.

If, instead of a single substance, we use a mixed solution of two or more substances in our experiment with liquid diffusion, it is plain that what before was mere diffusion, now becomes a diffusive separation, for as the most diffusive body travels most rapidly, it will show itself first and most largely in the upper strata of superincumbent liquid. And separation of two or more substances will, of course, be the more complete the greater the difference between their respective diffusibilities. Furthermore, bodies of feeble diffusibility—colloids—will permit a highly diffusible substance—a crystalloid—in aqueous solution in contact with them to diffuse or pass through or into them, while they will refuse a passage, partially or wholly, to a body of the colloid class. Taking advantage of this fact, Mr. Graham found on trial that a very thin stratum of a gelatinous medium would prevent the diffusion of colloid bodies, and that by the use of such a septum or diaphragm, the process of separating the crystalloids from the colloids becomes greatly simplified. We can now amplify our definition of dialysis, which "is nothing more than the diffusive separation of crystalloid from colloid bodies through a septum of gelatinous matter, the septum allowing the passage of the one and not of the other." (4 and 5.)

The whole apparatus needed is a "dialyser" and a basin. The dialyser consists of a membranous septum stretched across a hoop or band of gutta percha six to ten inches in diameter and two inches high, and tied with a string, so as to form a vessel like a drum-head or tambourine. The basin is a dish or larger glass vessel of similar shape about six inches deep.

For use, the basin is three-fourths filled with distilled water, the smaller vessel is floated on it, and the liquid to be diffused poured into the latter, when the process proceeds without further attention.

By placing the liquid to be diffused at the top instead of at the bottom of the water, the process is much facilitated, especially where the diffusible body is abundant. The solution of the matter which passes the septum is called the diffusate. Parchment-paper, "made by simply passing ordinary white wrapping-paper quickly through a cool mixture of two parts of sulphuric acid and one of water, by weight, and then washing it thoroughly till the acid is removed" (4.), has been found to be the best septum, although paper starched with starch jelly, or gelatin, or coagulated albumen, and others, would answer. Redwood says (2.): "It may be well to observe that parchment paper or indeed any of the substances named above, can only be used as a septum in dialysing aqueous liquids. The septum is considered by Mr. Graham to owe its action to its condition, in the wetted state, as the hydrate of a colloidal substance, in which the water of hydration is held by a weak affinity, which the superior affinity exerted by a crystalloid can overcome. Hence there is dehydration taking place in one direction, and rehydration in the other direction, through the septum during its action. A septum suitable for dialysing alcoholic and ethereal solutions remains to be discovered. Some form of collodion may possibly answer the purpose."

Mr. Graham found that half a litre of urine, dialysed for twenty-four hours, gave its crystalloidal constituents to the external water. The latter, on evaporation, yielded a

white saline mass, from which urea was extracted by alcohol in so pure a condition as to appear in crystalline tufts upon the evaporation of the alcohol.

As to the practical application and uses of dialysis, we find enumerated—

1st. It permits of the isolation of various chemical substances in a state of purity in which we were not previously aware of their being able to exist. For instance, chemists had hitherto never succeeded in obtaining a perfectly pure solution of silica. The solution obtained by treating silicate of soda with chlorohydric acid, was not pure, always containing a certain quantity of the acid and of chloride of sodium, which resisted all further attempts at separation. But by subjecting this solution to the process of dialysis, the acid and salt, being crystalloids, diffuse out, while the silica, being a colloid, remains behind dissolved in water, and perfectly pure. In like manner, dialysis enables us to obtain solutions of peroxide of iron, alumina, and several other bodies, perfectly free from the salts or other chemical agents hitherto indispensable to their solution. (5.)

2d. It affords a means of separating crystallizable and well defined bodies from amorphous matters, like extractive, gums, mucilages, the pectin-like substances, the tannins, oils, etc. For instance, if a vegetable extract containing an alkaloid or crystalline neutral bitter principle, be rubbed down with water to a uniform mixture and thrown on the dialyser, this active principle, together with all the soluble earthy matter, will be found in the diffusate, whilst the inert ingredients will be retained. Mr. John Attfield (*Pharm. Journ.*, March, 1862, p. 447) has applied this apparatus in an investigation of the mineral constituents of plants, especially as exhibited in the saline efflorescences on the vegetable extracts, so familiar to all apothecaries. Mr. Attfield also suggests its use for purifying crude lemon juice.

Mr. Graham has separated the crystallized ingredients of urine. Baron Liebig has isolated creatin from extract of meat; and more recently he has demonstrated by its means the presence of *alloxan* in an animal secretion. (*Pharm. Journ.* 528, April, 1862.)

Mr. Buchner has shown (*ibid*, 572) that when a thick viscous mucilage of marshmallow root is put into the dialyser, over distilled water, after two days the whole of the asparagin of the root is in the first diffusate, and may be obtained in fine crystals by simple evaporation. (4.)

3d. It may become of the greatest use in "the separation of the more active crystallizable constituents of vegetable substances from inert colloidal matter, and the production in this way of a new class of medicines, containing the more active principles of plants, partially purified, and in the state of combination in which they exist in nature." (2.) Such preparations would occupy an intermediate place between tinctures, decoctions, and extracts, on the one hand, and the pure active principles which they often contain (such as alkaloids) on the other. The advantages of vegetable remedies in this form would be greater uniformity of strength, certainty of action, and convenience of administration. They would also keep better, and being void of all inert matter, they would be *purely* medicinal. The main difficulty in the way of their preparation is the very dilute condition of the solution, and the slowness of the operation, and consequent tendency to spoil and ferment; but it may prove, owing to ferments being colloidal matter, that the diffusates may not be liable to change to a degree that will embarrass the operation. Prof. Redwood is now engaged in applying dialysis to opium and aloes.* (4 and 5.)

4th. In medico-legal inquiries, it affords a most valuable means of separating arsenious acid and the various poisonous metallic salts, as well as vegetable poisons, such as

* In the forthcoming work on *New Remedies* by Drs. Percy and Elsberg due prominence will be given to this new class of medicines, based on original investigations, by dialysis, of many, especially indigenous articles.

strychnia, morphia, and the other poisonous alkaloids, from the crude colloidal contents of the stomach and intestines and other organic solutions. For instance, let a portion of tissue suspected to contain arsenic be chopped into small pieces, soaked in pure water, and then thrown on the dialyser. At the end of twenty-four hours or so, the arsenic, even if its quantity be infinitesimally small, will have been diffused into the external water in a state fit for the immediate application of chemical tests. The poison is thus eliminated, free from all organic impurity, and without employing any agent at all liable to contain it—an advantage which any one will not fail to appreciate who is conversant with the usual process. Mr. Redwood has "already obtained these substances by dialysis from the stomach, the flesh, and the blood of animals that have been poisoned, distilled water alone being used for their extraction." (2.)

5th. It affords a partial explanation of certain points in physiology and in the knowledge of the modus operandi of medicines which have hitherto been involved in much obscurity. As to the physiology of digestion, the mucous membrane of the stomach and intestines may be compared to a dialytic septum between the blood on the one side, and the blood-making constituents of food on the other. Dilute liquids taken into the stomach, diffuse through (or as we generally say, are absorbed by) its mucous membrane. The plastic constituents of food, on the other hand, being colloids, "are retained in the stomach, while the act of digestion proceeds under the influence of crystalloids that are dialysed into that organ, and then pass on to undergo new changes connected with absorption, assimilation, and excretion." (2.) Also, "the action of medicines must be considerably influenced by the state in which they exist as crystalloids and colloids. Thus, iron in the state of chloride, sulphate, or other crystalloidal salt, would be diffused through the walls of the stomach; but not so if in the state of a colloid, such as basic chloride or basic nitrate, in which state it would pass into the intestines, exerting its action probably through the entire length of the alimentary canal." (2.) When we know more of the comparative diffusive power of different medicinal preparations than we do at present, we shall probably prescribe them with greater success. (5.)

6th. The transmission of sap through a plant, the separation of its various secretions from each other, and their maintenance in a state of isolation in appropriate receptacles, are phenomena also in part explained by the principle of dialysis. Although the sap is propelled upwards through the plant partly by capillary attraction, partly by atmospheric pressure, owing to the evaporation from the leaves and the partial vacuum thereby produced—it makes its way into the plant, in the first instance, by endosmosis through the spongioles of the roots. The peculiar juices of plants—starch, gum, oils, etc.—are generally colloids, and therefore have no tendency to pass through the walls of the cells in which they have been elaborated; the different acid and alkaline products, on the other hand, being crystalloids, permeate membrane freely, "but are only temporary constituents or steps in the series of changes which are intended to convert carbonic acid into sugar and starch, and they are consequently got rid of either by exosmosis or else by some chemical process by which they are converted into glucose or fruit sugar." (3.)

Lastly, the principle of dialysis has likewise important bearings on the nature of the ultimate molecules of matter, and on certain geological phenomena. It is believed that its further investigation will perhaps throw considerable light on molecular motion as a source of electricity, heat, and other imponderable influences, and lead to some knowledge of the essence or real condition of matter.

CINCHONA IN TRINIDAD.—A renewed attempt is being made to plant the cinchona in Trinidad. It has been planted at a height above the sea of 2800 feet, and in soil of the richest kind.—*Med. News.*

THE DISTINCTIONS BETWEEN A VIRUS AND A POISON.

By W. H. THOMSON, M.D.,

MEDICAL REGISTRAR OF BELLEVUE HOSPITAL, AND STATE MEDICAL INSPECTOR.

[Read June 2d before the N. Y. County Medical Society, and published at its request.]

(Continued from page 132)

INCUBATION, reproduction, and communicability, we have shown to be the essentials of viruses—facts that no more occur in true poisoning than in pleurisy or fractures. But there yet remains the great subject of the morbid process itself of these diseases. Between the periods of incubation and reproduction intervenes the period of development, when the peculiar symptoms constituting the particular virous attack make their appearance and run their course. True poisoning has this one period only, while viruses are always accompanied by the other two; but the phenomena of this stage also are, in viruses, totally different from those that characterize the operation of poisons. In fact, they are hardly even analogous, much less similar, as they should be if they were similar agents. The action of poisons is rapid and tumultuous, analogous only to chemical reactions, and science has demonstrated that slow poison, that mysterious terror of the middle ages, and which even yet haunts the popular mind, is a pure myth, with no more real existence than the Immortal Elixirs or the Wandering Jew. Slow-poisoning can only be *repeated* poisoning. In no case, not even in the subtle animal poisons that give rise to erysipelas, pyæmia, and similar states, does there occur an elaborate and necessary succession of symptoms, which can never be reversed, least of all a succession whose steps are so slow as to require three days, or seven, or nine, or fourteen, ere a certain symptom, peculiar to the poison, will follow a previous, similarly peculiar, symptom. But regular and definite changes, preserving their order during the access, height, and decline of the process, and measured by a certain number of hours, days, or weeks, according to the particular disease (just as the similar variations in the period of incubation), are the characters of the period of virous development. We thus are often able to predict the issue in time as well as manner, by observing a few of the initial steps; but in poisoning our only real principles of prognosis are the *amount* of the poison actually in the system, or in danger of getting in, and, very secondarily, the individual susceptibility. In every epidemic of virous diseases, the vast majority of persons really exposed to them, escape altogether. How inexplicable would this be if they had all received equal doses of a poison; for how many will escape of a dinner party who have mistaken aconite root for horse-radish? Viruses, with one or two exceptions, obstinately refuse to afflict more than one species, or than certain ages of the same species; but if a virus is one of the poisons, why cannot our experimenter give hooping-cough to his cat as easily as he can give it fits with strychnia, or the opposite with woora?

But there is a class of poisons, well termed the septic animal poisons, which have certain striking and peculiar characters, at first sight somewhat resembling those of viruses, and without doubt it is owing to these that viruses have been confounded with poisons. These supposed resemblances, therefore, merit a careful consideration, for we think a true comparison will show them to be entirely distinct both in nature and action. The venom of serpents is probably the best type of these poisons, as the lymph of variola is of viruses. We are first struck with the wonderfully small quantity of the poison necessary to destroy life. A minute drop, injected in the cellular tissue, almost immediately overwhelms the nervous system, as shown in the sudden paralysis of respiration, and after a few convulsive efforts, all vitality ceases, to be followed with extraordinary rapidity by the chemical phenomena of decomposition. But there is nothing peculiar in this; for all other poisons, including mineral poisons like arsenic, may destroy wholly

by their thus overpowering the nervous system, and these identical symptoms accompany equally the most different poisons, when the *dose* actually operating is great enough. To obtain the peculiar symptoms of the particular poison, the dose must be smaller, so as to have time to derange specifically the other functions and tissues. The drop of venom, therefore, though minute, was nevertheless an overwhelming dose, and did not manifest the real specific symptoms of the poison, which are very different, and which are common to the wide class of septic poisons, so as to prove them to be analogous agents. Those symptoms are a violent inflammation, beginning at the wounds and rapidly spreading in the cellular tissue, accompanied with great swelling, sloughing and formation of pus, which, if the patient lives long enough or ultimately recovers, take the form of multiple abscesses. The formation of an abscess is an indication of a resistant vitality, circumscribing the original diffusive action of the poison. Fever, assuming an adynamic type in proportion to the extent of the poisonous action, is another particular symptom of septic poisoning. But these same symptoms may arise from inoculation of a very small quantity of dead animal matter, as in dissection wounds, which seems owing to a peculiar volatile poison, generated only in incipient decomposition. Another step brings us to the same symptoms set up in wounded surfaces originally healthy, but which have been exposed in an atmosphere charged with decaying organic matter; and lastly, we meet with the same action, set up without a wound to begin with, and which we term idiopathic erysipelas, but which is most certainly in many cases the product of a decomposition in a system made erysipelatous by putrid air, food, or drink. Now the production of this class of symptoms, from a minute quantity of an animal secretion, from an equally minute quantity of decomposing animal matter, but especially from their arising after exposure to animal effluvia, has been considered sufficient to prove that small-pox, scarlatina, typhus and typhoid fevers, cholera, and the whole class of viruses, are like agents and of like origin, and the occasional production of vast quantities of pus and multiple abscesses from the minute original poison has been accepted as identical with the reproduction of a virus. The great influence which this decomposition theory of viruses has exerted on medical opinion and practice, and the amount of controversial wind which has been spent by advocates against the term Contagion—as if it was the only distinction between a septic poison and a virus, and therefore to be roundly denied—can hardly be calculated. But let us apply rigidly the rules of a virus to a septic poison: First, when a patient is bitten by a fiery serpent, will he begin to find it out only nine days afterwards? Will he then become worse than a den of serpents, and capable of poisoning others from every pore of his body, in the same fashion that the serpent first poisoned him? And finally, when he has recovered, will he be perfectly willing to finger the next viper he falls in with, because he never can be affected by a serpent's bite again? It is perfectly absurd to expect such results after a septic, as well as after any other kind of poisoning; but nevertheless they are the common parts of viruses, and are consistent with the nature of viruses. Finally, it requires but a superficial examination to perceive that the spread of septic poisonous action, from the original starting-point, has no real analogy with the phenomenon of reproduction in Viruses. The spread of erysipelas is like the spread of a fire, not like a *growth*, and the analogy is carried out even in its slightest and most superficial forms, termed sometimes wandering erysipelas, which, like fire in short grass, spreads in one direction, and dies out in the other.

The fact that patients with the same virous disease present great variations in the length of their illness is no real objection to the statement that the attack is composed of definite and limited stages, for these variations are entirely owing to functional complications, as inflammations, etc., which may continue after the virous process itself is completed. But in typical cases the action of a virus presents a series of increase and decline, holding true of its leading

characters as of the disease as a whole. A virus eruption, for example, we see commence with minute points, which in definite times grow, mature, and then dry up like a crop of berries. The leaves and twigs grow and decline, as the whole grows and declines. Therefore instead of the process of Development—the morbid action itself, in Viruses, being analogous to chemical action, as the action of a Poison is—it is analogous only to a process of *Growth*, and then ends with the last step of growths, namely, *reproduction*.

But viruses have a great many other characters which separate them from poisons. Thus we said Quantity is a necessary element in poisons—it is hardly an element at all in viruses; for who can hit upon the poisonous, and less than poisonous dose of scarlatina, for instance; or if, instead of inoculating with variola lymph, enough only to moisten the tip of the lancet, we injected an ounce, would the patient have small-pox in an hour, or a day? Again, our experimenter ought, in the generality of cases, to produce with like, or proportioned doses of poisons, like effects in all, in old and young, in men and in animals, and at all seasons of the year. But viruses, on the contrary, are exceedingly capricious, killing some and simply touching others, who yet seem alike in exposure to the virus and in every other respect, as two children of the same parents, one dying with scarlatina maligna, the other recovering with scarlatina simplex. Some viruses are killed by frost, some never leave warm climates, against others we use heat as a "disinfectant." Frequently for years a virus will not affect some persons, and then suddenly attack them—can this be said of any poison? Thousands they will attack at no time, nor after the most diligent coaxing; why not, no one knows. Hertwig had a dog bitten by nine mad dogs without other result than sores.

(To be Continued.)

Reports of Hospitals.

NURSERY AND CHILD'S HOSPITAL.

THE LIVER IN THE SUMMER COMPLAINT OF CHILDREN.

BY J. LEWIS SMITH, M.D., CURATOR.

THERE has existed a vague opinion in the profession that the liver is somehow in fault in the summer complaint of children. This opinion is, no doubt, fast losing ground, but it is still held by many, and it exercises a marked influence on the treatment of the disease. The following observations have been made in and since the year 1859, in order to determine to what extent this organ is affected. The date gives the time of the autopsy.

Case 1.—June 21, 1859, *æt.* 6 months, previously somewhat emaciated but otherwise well, had the summer complaint three days, the liver was rather small not extending below the margin of the ribs, it contained fewer oil globules than usual, most of the hepatic cells contained none. *Case 2.*—June 8, 1859, *æt.* 5 months, six days sick, the liver appeared healthy, and of about the usual size. *Case 3.*—July 16, 1859, *æt.* 9 weeks, an emaciated almshouse child, sick three weeks, liver small and almost destitute of oil globules, nine-tenths of the hepatic cells contained none. *Case 4.*—June 8, 1859, *æt.* 3 months, sick twenty days, liver of natural size and color, and containing about the usual amount of oil globules, from one to six or eight globules in most of the hepatic cells. *Case 5.*—June 10, 1859, *æt.* 4 months, sick five days; the liver presented the ordinary appearance, it contained rather less fatty matter than usual, few of the hepatic cells contained more than five or six oil globules. *Case 6.*—July 14, 1859, *æt.* 7 months, sick at least three weeks; liver of a yellowish hue than usual but not enlarged, the oil globules considerably exceeded the normal amount. *Case 7.*—Aug.

8, 1859, at 7 months, sick one month; liver of healthy appearance, weighing $4\frac{1}{2}$ oz. *Case 8.*—Aug. 15, 1859, at 19 months; had looseness of the bowels several weeks, and previously was emaciated; the liver extended half an inch below the margin of the ribs; it weighed 9 oz.; most of the hepatic cells contained few oil globules, but some of the cells contained numerous globules of small size. *Case 9.*—Aug. 15, 1859, at 15 months; had more or less looseness of bowels for two months before death, and previously to this was emaciated; weight of liver $7\frac{1}{2}$ oz.; its appearance natural, nothing unusual was discovered in this organ under the microscope. *Case 10.*—Aug. 17, 1859, at 15 months; had looseness of the bowels since the commencement of warm weather; liver of healthy appearance; its weight 6 oz. *Case 11.*—Aug. 15, 1859, at 14 months; had the summer complaint at least three weeks; weight of liver 9 oz.; its appearance natural, both to the naked eye and under the microscope. *Case 12.*—Aug. 22, 1859; age not given nor duration of sickness; weight of liver 8 oz., of healthy appearance; it contained the ordinary quantity of oily matter. *Case 13.*—Sept. 4, 1859, at 2 months, sick one week; weight of liver $3\frac{1}{2}$ oz., its appearance natural; there were few hepatic cells which contained more than four oil globules, and many contained none; there was but little free oily matter. *Case 14.*—Sept. 5, 1859, at 16 months; much emaciated; liver small, weighing 6 oz., and containing very little oily matter. *Case 15.*—Aug. 27, 1859, at 9 months; liver for the most part of natural color, but yellow in places; weight 8 oz.; it was found by the microscope to contain no more than the usual amount of fatty matter. *Case 16.*—Aug. 31, 1859, at 5 months; admitted Aug. 5 with looseness of bowels; weight of liver $6\frac{1}{2}$ oz., its surface mottled, of a fatty appearance in places; this organ generally, as shown by the microscope, was not fatty. *Case 17.*—September 4, 1859, at 7 months; sick less than a week; liver weighed 6 oz. and contained less oily matter than usual. *Case 18.*—September 15, 1859, at 23 months; had the bowel complaint through the warm weather, though occasionally it was checked; had tuberculosis; liver of nearly natural color, weighing 15 oz., and quite fatty. *Case 19.*—July 3, 1860, at 13 months; had the summer complaint nearly a month; liver of yellow hue, weighing 6 oz.; the hepatic cells contained more than the ordinary quantity of fat. *Case 20.*—July 3, 1860, at 4 weeks; liver extended two inches below the margin of the ribs; weight 5 oz.; contained few oil globules. *Case 21.*—July 21, 1860; sick two days; liver presented a mottled appearance, as if fatty in places; weight $6\frac{1}{2}$ oz.; the hepatic cells moderately fatty. *Case 22.*—Aug. 4, 1860; sick two weeks; liver weighed 9 oz., mottled yellow; very fatty. *Case 23.*—Aug. 7, 1860, at 2 months; sick 10 days; anterior border of the liver even with the margin of the ribs; weight $3\frac{1}{2}$ oz.; usual color; this organ contained very few oil globules, either free, or in the hepatic cells. *Case 24.*—Aug. 8, 1860, at 2 years; had also pertussis; liver mottled with yellowish, evidently fatty spots or patches. *Case 25.*—Aug. 17, 1860; the liver extended half an inch below the lower margin of the ribs, of usual color; weight 5 oz. *Case 26.*—Aug. 30, 1860, at 5 months; sick one week; the liver extended half an inch below the margin of the ribs; its hue rather yellow, weight 9 oz.; it contained numerous oil globules, both free and in the hepatic cells. *Case 27.*—July 18, 1861; the liver did not appear congested; it contained generally less than the ordinary amount of fat; but in places it was of a yellower hue than in others. *Case 28.*—Aug. 1, 1861, at 2 months; bowels loose about a week; liver small, and very dark; the microscope showed it to be almost destitute of oily matter. *Case 29.*—Aug. 12, 1861, at 16 months; sick less than a day; the liver appeared healthy, and it contained the normal amount of fat. *Case 30.*—Aug. 12, 1861, at $3\frac{1}{2}$ months; anterior margin of the liver even with the ribs, weight $5\frac{1}{2}$ oz. *Case 31.*—Aug. 19, 1861, at 15 months; thought to have pertussis also; weight of liver $9\frac{1}{2}$; contained the normal amount of fat.

Case 32.—Aug. 21, 1861; a few months old; liver of the common appearance, weight $3\frac{1}{2}$ oz. *Case 33.*—Oct. 9, 1861, at 20 months; sick more or less all summer; liver rather yellow; but more so in some places than in others, weight $9\frac{1}{2}$ oz.; some hepatic cells were found free from fat; but others were loaded with it. *Case 34.*—July 7, 1862, at 4 months; looseness of bowels for several weeks; weight of liver 5 oz., yellow and very fatty. *Case 35.*—July 28, 1862, at 7 months; was losing flesh for a considerable period; but there was no serious looseness of the bowels more than 24 hours; liver healthy, weight 6 oz. *Case 36.*—Aug. 27, 1862, at 7 months; had the bowel complaint several weeks; liver examined by the microscope, appeared healthy; weight $6\frac{1}{2}$ oz. *Case 37.*—Aug. 29, 1862, at 10 months; sick about one week; the liver weighed about $6\frac{1}{2}$ oz.; examined under the microscope it was found to contain more than the normal amount of fat; the hepatic cells were generally nearly filled with it.

It will be seen, that there was no evidence from the post-mortem appearance of the liver in these cases of any congestion, or torpidity, or hyper-activity, or perverted secretion. The size of the liver was sometimes very different in patients of about the same age, but probably there was no greater difference than usually obtains among glandular organs within the limits of health. The following table gives the weight of the liver in twenty-two cases, in which the weight of this organ and the age of the patient are recorded.

Age.	Weight.	Age.	Weight.
4 weeks	5 oz.	9 months	8 oz.
2 months	3 and a half oz.	10 "	6 and 3 quarter oz.
2 "	3 and a half oz.	13 "	6 oz.
$3\frac{1}{2}$	5 and a half oz.	14 "	9 oz.
4 "	5 oz.	15 "	6 oz.
5 "	6 and a half oz.	15 "	7 and a half oz.
5 "	9 oz.	15 "	9 and a half oz.
7 "	4 and a half oz.	16 "	6 oz.
7 "	6 oz.	19 "	7 and a half oz.
7 "	6 and a qu. oz.	20 "	9 and a quarter oz.
7 "	6 oz.	23 "	15 oz.

I do not have access to any tables giving the weight of the healthy liver at different ages, but in none of the above cases does the size, or the weight, seem to me to be above the healthy standard, unless in *Case xviii.*, in which this organ was quite fatty. But in this case the size of the liver was probably due to the tubercular disease.

In most of the cases the liver was examined microscopically, and the only fact worthy of note observed, was the variable amount of fatty matter. Sometimes it was in excess, sometimes in moderate quantity, or rather deficient, and sometimes, apparently, in greater amount in one portion of the organ than in others.

In conclusion, these observations go to show that the liver plays an insignificant part in the pathology of the summer complaint. The green stools, which have long been referred to the biliary secretion, must be mainly due to causes operating in the intestines, for I have repeatedly noticed that the green color does not appear till we reach the lower part of the jejunum, or upper part of the ileum. Examined under the microscope the green matter is found to be in little fragments or masses, as if produced in the crypts of the intestines.

MEDICAL COMMISSION OF MASSACHUSETTS.—The opinion of the members of this Board having been frequently asked as to the value and importance of lint in the treatment of surgical cases, they beg leave to say that they are satisfied that there are other means that in most cases would be more useful, and in all equally so. They refer to old linen and cotton compresses, wet or dry, and soft sponges, which would, in almost if not in every instance, be found to answer all purposes likely to be accomplished by the use of lint. **GEORGE HAYWARD, Chairman, JOHN WARREN, S. D. TOWNSEND, J. MASON WARREN, S. CABOT, JR., R. M. HODGES, —Boston Jour.**

Progress of Medical Science.

PREPARED BY DR. P. F. C. DESLANDES.

INTRA-THORACIC HYDATIC CYST, SPONTANEOUS AND PERSISTENT EVACUATION THROUGH THE BRONCHI OF A CONSIDERABLE NUMBER OF HYDATIC VESICLES; DEATH. BY PROF. HENRI ROGER.

(Continued from page 147.)

II.—Mdlle. R., to whom I was called on the 6th of July of this year, by my *confrère*, Dr. Lyon, is fifteen years old, has not yet menstruated, looks delicate, is very thin, and has had, for the last two months, a brown, pale, yellowish, and cachectic complexion. It was in the month of April, 1860, that a little dry cough, which had then existed for some time, attracted the attention of the family. This cough was frequent, painful, and came on by fits like that of hooping-cough. It was accompanied, at intervals, by a peculiar expectoration, "like the skins of large grapes." Its nature was discovered at a later period of the disease only. At that time there was fever, dyspnea, emaciation, and one of our *confrères*, a most experienced practitioner, called in consultation, diagnosed a chronic pleurisy, with probable tubercles. The physical signs and general symptoms certainly justified this opinion. He recommended a season at Bagnères-de-Luchon, and during the winter a sojourn in a warm climate.

At Luchon, the young girl, in a fit of oppression and cough, with fever, ejected by the mouth a large quantity of matter, which Dr. Lambton recognised positively for hydatids, estimating the number of them at 30 or 40. After this evacuation through the bronchi, there was a sensible amelioration in the symptoms. Mdlle. R. spent the winter at Amélie-les-bains; the fever had disappeared, the complexion was better, the strength was greater, the general health was very satisfactorily restored.

But in the month of May, 1861, the reappearance of the symptoms which had shown themselves at Luchon brought the young patient back to Paris. The cachectic phenomena, the fever, the slight dry cough had reappeared, and hydatids showed themselves often in the sputa (once or twice a week) and were often mixed with mucous-purulent matter.

Such is the information given me by Dr. Lyon, at my first visit, and which left no doubt as to the nature of the disease with which Mdlle. R. was affected. The preceding day's hydatids had again been expectorated, and the father of the young girl estimated at three hundred, at least, the number of those evacuated since the beginning: the facies presents a markedly changed expression; the complexion is of a slightly yellowish paleness, without there being, however, any trace of icterus, either on the sclerotics or in the urine. This secretion never presented either bilious coloration or reddish brick-dust deposit. The young girl, who cannot lie in bed, except with her head and trunk elevated, and inclined on the right side, the decubitus on the healthy side being impossible, spends the greater part of the time she is allowed to sit up in an arm-chair, the trunk carried forwards as an asthmatic. The respiration, which is loud, rather rapid, with slight dilatation of the alæ nasi, is accomplished without pain. The cough is very frequent, sometimes dry, sometimes with expectoration of mucus-pus, mixed with blood, and these last days more remains of hydatids. I examined some vesicles, as large as a grape, altered, and which, having lost their transparency, were of a greyish white. I could not discover with the microscope, in the liquid collected at the same time, any hooks (crochets) of echinococcus.

On inspection, the chest is evidently prominent in the lower portion of the right side, as in cases of pleurisy; palpation is painful in the submammary and hepatic regions, without the liver appearing, on percussion, increased in volume, and without its projecting beyond the false ribs, by

more than one finger's breadth. There is also some pain in the right shoulder. On percussion of the thorax, we find a marked dulness in the two lower thirds of the right side. This dulness, which exists on the same level anteriorly and posteriorly, mingles below with the hepatic dulness. I vainly try by a sudden pressure on the intercostal spaces to produce the hydatid fremitus. This exists only when the hydatids are living. On this sound side the vesicular murmur is absent; there is a complete silence, at the summit only, and on a level with the large bronchi, the murmur is rough and even bronchial. Neither deep inspirations nor the cough reveal any kind of râles. On the left side, the sounds are normal, and the vesicular murmur exaggerated. The pulse is rapid, between 110 and 120, the skin is dry, and rather cold than warm; we observe at intervals chills and exacerbations; the fever is already hectic. The appetite has decreased, and within a few days there has been some diarrhoea. The stools, however, contain no hydatids.

Under the influence of inhalations of iodine or camphor (iodine vapors were too exciting and painful), we observed a momentary amelioration. But this did not continue, and fourteen days after, when I saw Mdlle. R. again, I found her nearly in the same condition as regards the functional derangement or the physical signs. The expectoration of vesicular worms had continued to be abundant, and the sputa were mixed with pus and blood. The day before (July the 19th), during a walk, Mdlle. R. was seized with vomiting, and vomited a few spoonfuls of pus with five or six hydatids, and this morning she has thrown up twenty.

One week later, the 27th, Dr. Lyon sent again for me in haste. The patient had had two fits of suffocation which had ended in an emesis. She had ejected more than half a glassful of sanguous pus. The body, far from having decreased, seemed to have increased, and in front of the chest (the only region we could explore, and that yet very incompletely), the dulness existed almost as high as the clavicle. The respiration was loud and anxious, with marked dilatation of the alæ nasi. She was depressed, half comatose, and sunk in her bed; she was not even able to get up for the examination. The pulse was thread-like, the skin cadaverous and cyanosed, covered with a viscid perspiration, and the extremities were getting cold. We thought of *paracentesis thoracis* by means of an incision, but the difficulty, or rather the almost impossibility of operating stopped us, the child refusing even to change her position; but above all we were kept back by the imminence of a near death which we would certainly have hastened. The poor child died hardly an hour after our departure.

(To be Continued.)

Reports of Societies.

MEDICAL AND SURGICAL SOCIETY.

DR. HALSTED IN THE CHAIR.

STATED MEETING, Feb. 15, 1862.

RESPIRATORY DISEASES COMPLICATING CONFINEMENT.

Dr. ELLIOT reported three cases of respiratory disease complicating confinement. 1. A primipara with laryngitis, which occurred before delivery. Tenderness over femoral vein. No evidence of phlebitis found after death.

2d. A primipara in whom pleurisy occurred before delivery. Capillary bronchitis and effusion. Death from edema of lung. Urine drawn, but lost. Used nitrous oxide gas and inhalation of steam. On post-mortem examination, fatty degeneration of liver and kidney was found. Nothing about the patient to make one suspect uræmia.

3d. Pleurisy preceding labor; after confinement pneumonia, followed by bronchitis; finally, delirium, which was excessive. Died this A.M. (Since these minutes were

taken the autopsy has taken place, and examination of the kidney by a number of gentlemen exhibited a considerable degree of granular and fatty degeneration. The liver was also the seat of fatty degeneration.)

ULCER TREATED BY ELECTRICITY.

DR. METCALFE said he had met in a gentleman's office a patient with a slight ulcer in the centre of the forehead, upon which all antisyphilitic remedies had been employed without success. Electricity was used, and the ulcer speedily healed. This remedy was found out accidentally by one of the poles falling upon a sore on the foot of a gentleman.

MANIA FOLLOWING MASTURBATION.

DR. METCALFE also related the history of a case of mania in a young lady who was given to masturbation. She acknowledged that she was in the habit of committing the act two or three times a night. There was considerable irritability and redness of the clitoris, which was successfully removed by the use of black wash. It afterwards reappeared. Dr. M. thinks these cases are more frequent than the profession are disposed to believe. He suspects the patients from the peculiar neuralgic pains spoken of by them. In the case above there was headache.

CASES OF REFRACTURE, WOUND OF ABDOMEN, ETC.

DR. MARKOE related the history of a case of refracture of the thigh, and treatment by the new apparatus of Dr. Buck. A boy, at six years, received a transverse fracture of the thigh, about six weeks previous to coming under the care of Dr. Markoe. It was put up by a country surgeon, in side splints and starch bandage. At the end of five weeks the apparatus was removed, and the bone was found to be united, with considerable deformity and one and a half inch shortening. He was brought to the city, and Dr. Markoe suggested refraction. The operation was done six weeks after the injury, and the limb was put up in the long splint, which reduced the shortening to half an inch; the perineum strap, however, produced so much excoriation that the long splint was removed and the new apparatus substituted. Instead of using the perineum strap Dr. Markoe had recourse to a broad plaster of canton flannel adhesive strap, fitted to the lower part of the back and covering the buttocks: to this were attached three counter-extending straps which were fastened to the head of the bed. This was at first intended as a temporary expedient, but it answered the purpose so well that it still remains on. The shortening has been reduced by this apparatus to one quarter of an inch.

DR. BUCK alluded to two cases of refraction treated by this method, where the shortening had been reduced from two and a half inches to half an inch. These results are better than with the old apparatus. One of the advantages of this method is that the counter-extension may be shared by the weight of the body, the limb being placed in an inclined position. Dr. Buck also alluded to the uses of this mode of extension in cases of rigidity and contraction resulting from disease of joints, abscess, the cicatrices of lacerated wounds and burns.

DR. MARKOE also related the incidents of a case illustrating the endurance of the human frame after apparently severe injury. He was called nineteen days ago to see a man who had been stabbed. He found the patient to be a man seventy years of age, a master carpenter, of a healthy, vigorous constitution, and of excellent habits, ordinarily. On the evening when he was injured he had been drinking somewhat largely of beer, and getting into a quarrel with another man had received two stabs, one in the arm and the other in the abdomen. He felt no special inconvenience from these wounds, and walked several blocks, when he stopped at an apothecary's store, and had the wound of the arm dressed. He then walked several blocks further to his home and went to bed. After some time he took more particular notice of the abdominal wound, and becoming alarmed sent for Dr. Markoe, who found a protrusion of quite a large knuckle of intestine, the surface of

which was dried and roughened from rubbing against the clothing of the patient during his walk. With some difficulty Dr. Markoe succeeded in reducing the protrusion through the wound, which was very small. He put a stick through the deep muscles and closed the wound. The man has not had an unfavorable symptom to the present time. The pulse soon rose above 60, and he is now going about with the wound almost perfectly healed. Dr. Markoe also stated that he had now under his supervision a man forty-five years old, who first applied to him about two months ago, having been until a short time before in apparently good health. One morning he was seized with a pain just below the umbilicus, extending downwards towards the bladder, which he attributed to colic, and which was relieved after the action of a cathartic. In five days this was repeated, and every five days thereafter he had a similar attack up to the time when Dr. Markoe saw him. He then was suffering from this pain, and was somewhat enfeebled. He was put under a mild treatment for colic, and after a few days he showed to the Doctor some of his urine, which he said had now for the first time become milky in its appearance, and deposited a thickish substance on standing. On examination this deposit proved to be true pus. This was six weeks ago, the man has to appearance recovered, but the discharge of pus with the urine still continues in the quantity of about four ounces per day. There has been no appreciable inflammation or disturbance either urethral, vesical, or renal, except at one time when he had some pain in the neighborhood of the right kidney, at which time the pus disappeared from the urine, and reappeared simultaneously with the alleviation of the pain. No disease of the mucous membrane anywhere could be ascertained. Fully three-quarters of the entire quantity of pus now passed daily, is passed early in the morning. Dr. Markoe supposed there must have been an abscess exterior to the bladder which had opened into the bladder or some one of the urinary passages, but thought it very singular that the regular discharge of pus should have continued undiminished for so long a time.

DR. PARKER thought an abscess must have existed, opening into the bladder near its neck or into the urethra.

DR. POST reminded the society that he had reported some months ago the case of a woman who had an abscess in one groin which subsided upon the discharge of pus with the urine.

DR. BUMSTEAD reported the case of a child seven years of age who had inserted a pea into his ear. Another child had pushed it with a stick down upon the drum. Several physicians had attempted to remove it, but had not succeeded. Dr. Bumstead tried to remove it with forceps, and afterwards by syringing, but failing in these he at length succeeded by using Schuft's spoon for the ouspooing of cataract. The pea separated in halves just as it was brought to the meatus.

DR. PARKER stated that on the second of October he had been called to see a gentleman in the country, a farmer, thirty-seven years of age. Four years ago this man had pneumonia of the left lung, presenting no unusual features, from which he recovered. Soon after this he observed a small tumor on the left side of the chest, just under the clavicle and near its outer third. It was at this time of about the size of a butternut, distinct and pulsating, but unaccompanied with pain, and producing no inconvenience except a little tightness when he wore a tightly fitting coat. He paid but little attention to it, and about the middle of August applied to a physician to examine him as to his fitness for military duty, when the tumor was declared to be of a serious nature, being aneurismal; it had now attained the size of a teacup. Two weeks before Dr. Parker saw him, while carrying some bags of corn to a wagon, he felt something give way, and immediately after the tumor began to increase and become painful. Dr. Parker when called found the difference in measurement of the right and left sides to be eight and

a half inches. On the second of October he tied the left subclavian artery in the third division. Dr. Parker thought it singular that the tumor should have existed so long without increasing in size until very recently. The patient was doing well.

DR. POST referred to a case of popliteal aneurism in the New York Hospital, where the man refused to be operated upon, and the tumor remained about the same size for three or four years.

DIPHTHERIA.

DR. McCREADY had under treatment a little girl four years old, whom he found on Wednesday pale and anaemic, with hot skin, a pulse of 160, constipated bowels, etc.; he gave a cathartic, and at his visit the following day his attention was called by the mother to the child's throat. He found the right tonsil very much enlarged and partially covered with a milky looking exudation; on Friday a full diphtheritic membrane covered the entire tonsil; and to-day, Saturday, a piece of tough membrane was discharged without apparently diminishing the covering of the tonsil. The general symptoms are improving, and the improvement seemed to begin as the membrane appeared.

The Society then adjourned.

American Medical Times.

SATURDAY, SEPTEMBER 20, 1862.

HEALTH IN OUR NEW NAVY.

"The first and most important question to the seaman is his health. The death-rates for the fleet are in general satisfactory; but in some exceptional cases they are not, ranging, in fact, as high as 60 per 1000 per annum. On home stations the rate is 10, and the average on the whole is 16. We have inquired whether some improvement might not be made in the food of the seamen, and also in the ventilation of the berths. We have had a Committee sitting some time, and the result is that the Admiralty have resolved to make every possible effort to improve the ventilation of the ships. Everybody who has been on board ship in the lower deck, will know that the atmosphere is sufficiently bad to provoke almost any kind of disease, especially phthisis and fevers, as has been shown by the returns from the Mediterranean fleet."—LORD CLARENCE PAGET.

AMONG the departments of the public service which this present war is revolutionizing, is the navy. At its commencement the United States had but 88 vessels of war, of all kinds; it has now upwards of 300 vessels, with a large prospective increase. A little more than a year ago we had about 8,000 soldiers and marines, but this number has been increased until we now have upwards of 23,000 seamen in the naval service. Hitherto the navy has attracted but a small share of the attention of the Government or the people, whether we regard the construction of vessels, or the character and condition of seamen. This is due to the fact that our naval service has been of little public importance during the long interval of peace just passed. The unexpected demand which is now made upon the navy has awakened our Government and the people at large to its importance as a power in time of war. With unexampled rapidity a naval force has been organized, ships constructed, their armament manufactured, and to-day we may fairly challenge the nations of the world to present a more formidable navy.

In the construction of our new vessels, every possible care has been taken to render them effective in service. Naval science has been tasked to the utmost to give the

best model for strength, capacity, fleetness, and invulnerability. And science has not been appealed to in vain. She has practically revolutionized naval warfare during the last two years by the improvements introduced into the construction and armament of vessels of war. So entirely different are the models of some of our gunboats from any heretofore known, that at first sight even the best naval officer cannot recognise in them vessels of war. The first appearance of the Monitor completely deceived the rebel Commodore; and from the novelty of its construction, he was led to regard as a mere plaything the most powerful battery ever set afloat.

But while we have opened a new era in the navies of the world, have we done ought to render vessels of war more habitable to seamen? In all the discussions of the architects of new vessels, we hear little or nothing said of providing for the health and comfort of those who are to occupy them. We have not hitherto given a thought to this most important subject, and it is not strange that it should now be in part or wholly overlooked. It is a serious matter, however, and demands the earnest attention of Government; for on the preservation of the health and efficiency of the 20,000 to 30,000 seamen in its service depends the effectiveness of its war vessels.

The most important changes which have been made in the construction of our new naval vessels, bearing upon the health of the inmates, are: 1, the introduction of steam; 2, iron plating; and 3, rendering them sub-marine. With equal ventilation a steamship is far more unhealthy than a sailing vessel, for the simple reason that the internal heat on the former tends to give efficacy to those sources of impurity and disease which are always incident to large ships. It is also asserted by naval surgeons that the accumulation of offensive rubbish under the machinery adds to the impurity of the close hot air in the between-decks. The increased mortality in the English navy, from yellow fever, during the last fifteen or twenty years, has been found on the steamships. The same is true of our own mercantile marine; and there are some indications that this fact will be further demonstrated by our naval steamships engaged in the blockade.

Of the probable influence of iron-clad ships on the health of seamen a London contemporary thus speaks:—"When it is considered that hitherto armor-clad ships have been so built that their walls will, it may reasonably be inferred, rapidly accumulate and store up heat; and that the circulation of air in the between-decks, unless artificially provided for, will be diminished to the least amount, in consequence of the smaller number and less size of the port-holes, and the rigid exclusion, for the sake of strengthening the walls, of all apertures not absolutely required between the exterior and interior of the vessels, it is manifest that, unless the evils likely to arise from these sources are specially provided against, these ships may in the end become veritable pest-houses. That this foreboding is no mere sanitarian exaggeration, and that we are justified in fearing, there being no evidence to the contrary, that the health condition of armor-clad ships has not received that attention which the importance of the subject demanded and still demands, may be gathered from the results of the trial trips of the vessels of this class already built. They have proved to be very uneasy in a sea-way, and as a consequence it may be surmised that it has been necessary to keep the ports closed to a greater

extent than in wooden ships of war—and closure of the ports, it is not to be forgotten, cuts off almost the entire ventilation of the between-decks. The heat of the between-decks, so far as may be judged from the experiments recorded in the naval news of the day, would seem to range higher than in wooden steam-vessels of war—the sickliest ships in the service, in consequence of their heightened temperature. The sailors complain of the extreme ‘wetness’ of the armor-clad ships; and it is highly significant of the state of the between-decks, that a little while ago a report was current in naval circles that deck-houses would probably be needed for the crews. Finally, experience has taught that the bilges of these ships require to be dealt with after a new fashion. We learn from the *Times* of the 10th ultimo, that some seventy tons of bricks and mortar have been built into the bottom of the Warrior to prevent the lodgment and consequent stagnation of the bilge-water.” If to these qualities tending to produce and aggravate disease on board of our newly constructed naval vessels, we add their submergence, on the plan of the new Monitors, except the decks, which are imperforate, it cannot be doubted that we have multiplied their conditions of unhealthiness indefinitely. Of their special means of ventilation we are not informed, but that it must be defective is evident from the foregoing remarks. It is fearful to contemplate what must be the mortality of their crews if located in the vicinity of such a malignant disease as yellow fever. They would become the very hot-beds of pestilence.

It is of little consequence how completely a gunboat is iron-plated if its construction is such that mariners cannot live on board. The Monitor came near smothering its crew at sea by its bad ventilation, and thus proved itself worthless as a sea-going vessel. It is to be feared that this is but an illustration of the defects which time and circumstances will demonstrate to exist in our new navy, unless more attention is given to the sanitary condition of individual vessels. We commend to the Secretary of the Navy and his medical adviser the following truthful statements of an experienced naval officer:—

“It is now admitted, on all hands, that the strength and virtual efficiency of an armed force, whether afloat or on shore, is to be measured, not by the mere number of the names on the ship or regimental roll, however complete may be all the material equipments of the force, but really and truly by the actual number of hearty, vigorous men, who are, from day to day, and from month to month, continuously available for fatigue duties of all sorts. Every man put on the doctor’s list is so much power withdrawn from the full effectiveness of the living machine. Nay, it is more than this; for each such loss becomes the occasion of extra duty being cast upon the workmen to supply the void; and then, too, there is the time and labour of those who have to act as the attendants upon the sick to be taken into account. These consequences become a serious matter when sickness prevails to any considerable extent among a ship’s crew. The energies of the workmen are over-taxed, their hours of mealtime and sleep are interfered with; continued extra fatigue creates weariness and discontent; and this is the very state of system in which health is liable to suffer from influences which it has hitherto resisted. Sickness thus gives rise to sickness in more ways than one; and this, too, is apt to go on in a progressively increasing ratio. Obviously, therefore, the necessity of averting or preventing to the utmost all disease, and of preserving, as far as can be done, uninterrupted health among a ship’s crew, cannot be over-estimated as one of the main objects to be aimed at by all who have at heart the duty of maintaining a powerful navy, ready at all times for the defence and honour of our country.”

THE WEEK.

The sanitary history of the Peninsular campaign will prove, if ever impartially written, the most disgraceful in the annals of war. The army was composed of stalwart men, accustomed to physical endurance, and of an age best adapted to undergo successfully the ordinary privations of a military campaign. It was always within a few hours’ sail of the great granaries of the north, and Government withheld nothing that its commander required, whether for comfort or even luxury. And yet that magnificently appointed army, in the short space of three months, lost one-third of its effective strength by diseases contracted by the most glaring neglect of sanitary measures. A correspondent of the London *Times* thus exposes our “military stupidity”:—

“To watch this war is disgusting, both to an educated soldier and to an honest man, for nowhere is to be seen more military stupidity and more dishonesty than in this brave American army. You must not wonder if I get warm and bitter. The whole muddle does not affect me personally in the least, but I cannot help feeling as a soldier and a man. You have not seen the poor fellows in the hospitals or returning from the camps, to die at home of sickness which might have been prevented by a little care and a little more honesty. Some that I have seen are, without being ill, emaciated and weak from sheer want. They cannot bear suitable food, from having lived for weeks on biscuits, bad coffee, and swamp water, and breathed the foul and poisonous air of swamp woods during their sleep. I am not very sentimental, and no Sybarite either; but my heart aches and tears fill my eyes on hearing the simple tales of those poor fellows, and looking into their emaciated faces.”

It is remarkable to what a degree of health an army may attain which carefully heeds sanitary rules. The British army, even in the Chinese campaign, had a less mortality than the people of England at large. The following statistics of the mortality in other European armies are very interesting:

“The reports of the health of the Prussian army have been published. They show that in that army only 1 died out of every 144, being barely 70 in every 10,000 men. This includes suicides, accidents, and invalids. Without the former two classes the mortality was 1 in 166; and deducting also the invalids, 1 in 187. According to the locality, some remarkable differences in the mortality are pointed out. Thus the 1st Army Corps, which was in the Province of Prussia, lost 1 in 91 in the year 1860; the 8th Corps, in the Rhine Provinces, lost 1 in 289 in the same year, or less than one-third of what the 1st Corps lost. The like difference is said to be habitually found in the bills of mortality of the population of those two districts of Prussia. The mortality in the other European armies is stated as (in 10,000 men), in the Russian, 390; Austrian, 280; French, 190; Piedmontese, 160-170; English, 150; Belgian, 143. Then comes the Prussian army, the Danish and Saxon armies being about on an equality with it in this respect.”

It is stated that GEN. VIELE, Military Governor of Norfolk, Va., has organized the contrabands into “Broom Brigades,” for cleaning the streets. These sanitary organizations regularly sweep the entire city, and Norfolk is now one of the cleanest cities in the United States. There is no danger of an epidemic in that town. Gen. V. is a citizen of New York, an active member of the Sanitary Association, and a thorough sanitarian. We venture to propose him as our next Mayor.

THE Sanitary Commission commenced its session, at Washington, on Tuesday last. This is the first meeting of the entire body of Commissioners in several months, the details of business having been transacted during the interval by the Executive Committee. The Commission continue to furnish large amounts of supplies to the military hospitals, and in numerous ways meet the constantly increasing wants of the Army.

THE Western Department of the Army seems to be under a rigid sanitary inspection. ASSIST. SURG.-GEN. WOOD makes repeated tours for personal inspection of the hospitals and of camps.

Correspondence.

VOLUNTEER SURGICAL AID.*

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I have perused with much interest your editorial remarks respecting voluntary medical aid to the medical department of the army after sanguinary conflicts. It certainly is highly desirable that such aid should be so systematized as to be most wisely directed and most speedily and effectually applied; and perhaps there is no better method than the one which you have proposed for accomplishing these ends.

Having been cognizant of the results attending volunteer aid that has at various times been rendered after battles in the present war, I can bear testimony to its utility whenever such aid has been rendered in an unostentatious and proper manner. The plan adopted under advice of the War Department by the State Surgeons-General of New York, Pennsylvania, Massachusetts, and some other States, has worked very well. A high order of professional talent was thus placed at the command of the Medical Department of the Army. But it has been a noticeable fact that too many of that volunteer corps have made needless display of the petty authority which they presumed to have been conferred by their commission from the State authority. This evil, however, is slight in comparison with those attending such an indiscriminate call as was recently made by the Secretary of War, when Gen. Pope's dispatches from the battle-field of Manassas excited such fearful apprehensions of wholesale slaughter, that the entire population of Washington—a city within hearing of the battle's roar—was urged by public proclamation and alarming posters on every street to hasten instantly to the field from which the boasting hero of the west was supposed to be driving the foe, and leaving tens of thousands in their gore.

Though there may have been ample apologies for the excitement and the prompt response of the people of our profession, to whom the war-office addressed its startling appeal by every telegraph wire in the North, the War Secretary certainly had no proper reason for such a widespread summons of all classes to the work of relief for the wounded, unless his object was to ascertain how promptly and to what unmeasured extent the Volunteer Army could command such aid when needed.

As it was my privilege to see about one thousand of the medical gentlemen who responded to the call, permit me to correct an error which your remarks in the last No. of your journal are likely to propagate, to the discredit of all who proffered their services on that occasion. Though not all, and perhaps but few of those who went, were familiar with military surgery, I was particularly impressed with the evidence that all with whom I met had volunteered from the best motives, and would gladly do anything, and suffer any hardship for the relief of the wounded. And I cannot doubt that nearly all these gentlemen came on this

errand at great personal sacrifices. Never can I forget the prompt reply of one of the most renowned of the Massachusetts volunteers, when at a late hour in the evening intelligence was received through a passenger directly from a company of wounded and famishing men, in a woodland near the Chantilly field where the heroic Stevens and Kearney fell. Said that physician, "Let me go to those men instantly! Though I am not a surgeon, I shall dress wounds, and give them such succor as they most require." That noble physician went that very hour, in company with two other physicians, and with ample supplies; and when on Monday morning, the seventh day after the battle, he returned with a train of ambulances, bringing all who had survived, fifty noble men, thus rescued, blessed him for his labor of love, which I heard a surgeon with a State commission and assumed military trappings, decline to undertake, because by this time the regimental surgeon who remained with those men, would probably have *finished all the surgery.*" [I am happy to believe this man was an exception to his corps.]

The noblest physicians who reached the field of Manassas, proved themselves the best Surgical Dressers, and most humane and competent attendants and helpers, and their profession afforded them the necessary military protection and aid.

It was observed both about Washington and at the battle-field that the Volunteer Corps from New York and Brooklyn, a company of between fifty and sixty in number, succeeded in accomplishing all they undertook, simply by virtue of being organized, and acting under an executive committee of three accomplished surgeons. They not only were without delay assigned to the care of a vast hospital, the Capitol and grounds, but I am informed that they succeeded in getting a detachment of nineteen (19) of their number to the battle-field with the first supply and ambulance train that reached the field under a flag of truce. And it is worthy of mention that their number was too small even to attend to the surgical dressings, while several of them are said to have been assigned to surgery under direction of Dr. DETMOLD, who, as their leader, had placed the whole detachment under Surgeon Cooledge's orders.

From what was seen here of the working and preparations for work by the hastily organized Corps from your city, and more especially from the sad disappointment of the hundreds who came from other cities and States without any organization or any plan of effort excepting to report in person to the Medical Bureau, the importance of some well digested system for all volunteered civilian aid to the Medical Department is rendered apparent. And from various considerations it would appear very desirable that each city and large town should have its special organizations, and that all of them be kept *en rapport* with the Surgeon-General of the Army, and with the State authorities, and that a certain number in each corps be always ready for instant orders. All physicians who are summoned to special service by the Surgeon-General, should be well remunerated when on duty. That generous impulse that would lead most civilian surgeons to give their services gratuitously, would with equal certainty and greater reason cause them to augment the hospital fund with the money offered for their labors by the government.

SENEX.

WASHINGTON, D. C., Sept. 15, 1862.

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE—The sixteenth annual meeting of this association was held in Providence, R. I., on the 10th, 11th, 12th, and 13th of June last. The following are officers for the year:

President—Dr. THOS S. KIRKBRIDE, of Philadelphia.

Vice-President—Dr. JOHN S. BUTLER, of Hartford, Conn.

Treasurer—Dr. O. M. LANGDON, of Cincinnati, Ohio.

Secretary—Dr. JOHNS CURWEN, of Pennsylvania.

A memoir of the late Dr. Bell was read by Dr. Ray.—*Med. News.*

Army Medical Intelligence.

REPORT OF DR. JOHN SWINBURNE, OF ALBANY, N. Y., ON THE HOSPITAL AT SAVAGE'S STATION, VIRGINIA.

(Continued from page 158.)

ON or about the 8th July the Confederate authorities arrested the Rev. Mr. Reed, and, without making any specific charges, took him to Richmond. On the 9th I made a special requisition to Gen. Winder (Provost Marshal Gen. of Richmond), in accordance with Gen. Hill's directions, for a detail of two hundred of our men and rations for the same, to act as nurses, and for other purposes. About this time I visited Malvern Hill, and the hospitals in the neighborhood of White Oak Swamp, and found that most of the wounded had been removed either to Richmond or Savage's Station; and on my return to S. S., I found to my disgust and surprise that the Confederate authorities had arrested and carried to Richmond Mr. Brunot, his corps of nurses, and Mr. Howell, leaving us in a sad predicament in reference to our wounded. I again petitioned the officer in charge to the effect that he should visit Richmond in person, and solicit from Gen. Winder some of our men for nurses. On the 10th we received two hundred men from Richmond, with whom no rations were sent. Up to this time we had not sufficient materials for food. But now our rations being nearly out, and the Confederate authorities furnishing none, I made a requisition on the officer of the post for food. On the 12th our requisition for food was answered by sending us a limited supply of flour and poor bacon. We were compelled to make the best of our condition; and with these two hundred men we commenced at once to improve the sanitary condition of the hospitals and grounds.

On the 12th we had everything in good order and our men comfortable. At this time Dr. Johnson, Med. Purveyor, C. S. A., visited the hospital. He said he supposed we had been or soon would be removed. On the evening of the 13th a courier arrived at the hospital with a message for Dr. Guild, which he read to me. It consisted of an agreement between Generals McClellan, Lee, and their medical advisers (Drs. Letterman and Guild), to the effect that we would be paroled and sent to our lines by the most direct route.

Dr. Greenleaf of the U. S. A., and Dr. Guild of the C. S. A., were to arrange the time and place at which this parole should be carried into effect. On the 14th the Confederate officers informed me that an entire exchange of prisoners would take place; that an agreement between the Confederate and Federal authorities was made; that Gen. Hill of the C. S. A., and Gen. Dix of the U. S. A., were to arrange the preliminaries. On the same evening, Maj. —, C. S. A., met me with a train of army wagons, filled with sick (from a hospital situate about a mile to the east of Savage's Station), en route to Richmond. He informed me that in the morning three hundred army wagons would be at Savage's Station to remove the sick and wounded to City Point, via Richmond, or to Richmond, and hence down the James river on flatboats to our transports. I protested against this inhuman manner of moving the sick and wounded. I took steps immediately to ascertain the truth of the statement, and procure a more humane mode of removal, as I then supposed, into our own lines. Since what had occurred on the previous two days, I had not the remotest idea that there would be any detention in Richmond; but, on the contrary, that they would be placed directly on board the flatboats and sent down the James river to our own transports. Had I supposed that they were to be detained in Richmond to receive the treatment they subsequently did, where many valuable lives were sacrificed, I

should have sought an interview with Gen. Lee, and thereby have prevented this misfortune.

On the 15th Maj. Rodgers called with a train of cars, box and platform, saying we were to be removed to Richmond, then down the James river on flatboats to our transports. This day he removed over a thousand, including physicians and many nurses. During the afternoon, Dr. Johnson, C. S. A., called, took charge of all the stores, instruments, medicines, tents, etc., for which he gave me a receipt, saying the remainder would be removed the next day. On the morning of the 16th another load was removed, and in the evening a second train had just been loaded. Many of the most severely wounded were placed on platform cars, when we experienced the most violent storm of wind and rain, and which continued until late in the evening; the train arrived in Richmond about ten P.M., it still raining somewhat. Dr. Churchill, U. S. A., in charge, informed me that no one was present to receive them; no building prepared to put them in; that no food was prepared for them; no persons present to unload the wounded. The train was left outside the depot, and he, with the limited number of nurses, succeeded in removing those from the platform cars to the adjacent sheds and depot by three o'clock next morning. Here these poor wounded men remained, in the rain, wet and cold, with no blankets, no food, and, I may say, no shelter; many of them lying near the rails for forty hours. Dr. O. Munson, U. S. A., who had charge of one train, informed me that when good Samaritan women offered to supply the wounded with coffee, tea, or other nourishment, they were rudely driven away by the bayonet of the Confederate soldier. Then (under guard) he was conducted to prison, where he remained without supper or breakfast, while for dinner he had simply a little poor bacon and bread. He remained in prison until two o'clock the next day, when he was allowed to visit his patients, under guard. He found his patients had had no nourishment; no water to wet their wounds or to drink; and that their nurses had been taken from them. They remained in this condition until the afternoon of the 17th, when over a hundred of the worst cases were sent back to Savage's Station; the residue were sent to close and ill-ventilated hospitals, and several died before removal. Those who were returned to Savage's Station arrived late in the evening, and inasmuch as it was raining and they were in box cars, and the tents, what were left standing from the storm, were wet, I resolved to leave them where they were through the night. We therefore prepared them for supper—flour gruel, the only food we had—and then made them as comfortable as we could. The next morning we prepared tents and moved the patients to them. Being informed that we would stay some time at Savage's Station, and that those who were taken to Richmond were still there and would not be soon removed, we again made preparations for a long stay.

I had sent several surgeons to Richmond with the wounded, and learning (from Dr. Munson, U. S. A.) that about thirty U. S. surgeons were there in attendance, and were all kept in close confinement, and only allowed to see the patients under guard, and that every facility, including medicines, instruments, nurses, proper food, &c., had been removed from them, and they were then upbraided for not doing their duty; though we had sixteen left to attend (nearly half of whom were sick) on the three hundred and fifty sick and wounded at this place, I deemed it best to retain them, inasmuch as they could do no additional good, since they would be treated as the others were.

Up to this time we had been enabled to furnish ourselves with some fresh meat and soups from some beeves which remained in charge of the Rev. Dr. Marks, U. S. A., who had charge of a small fever hospital, of about one hundred patients, situate about a mile east of Savage's Station, the management of which requires some little notice; and though I have not a statistical report, I think it was the best managed and disciplined hospital in Virginia. But now the remnant of our own stock, including instruments,

medicines, &c., having been taken by the Confederate Medical Director, under the alleged impression that we were to have been removed at the time the rest were, we were obliged to depend upon the material furnished by requisition from Confederate authorities or by purchase with our own funds. Up to this time the officers had furnished the principal portion of their own subsistence by purchase. It then became a matter of serious consideration, knowing, as we did, that the rations furnished by the Confederates consisted of flour and poor bacon only. While food, necessary for the comforts of the sick, was very expensive and difficult to obtain, and the inhabitants were unwilling to sell unless for gold, and were also instructed from Richmond not to sell to the "Yankees;" so that it was very difficult to obtain a sufficient amount of food for the officers, and at the following exorbitant price: Eggs, \$1.50 a dozen; milk, 25c. to 50c. pr. quart; butter, \$1.25 pr. lb.; sheep, \$8 apiece; other things in proportion. While at Richmond, tea sold for \$10 and \$16 a lb.; coffee, 120c. per lb.; sugar (common brown) \$1.25; brown hard soap, 50c. for a piece 2 in. square. Other things proportionally high, including bread. In this dilemma, I wrote Dr. Guild, M. D., C. S. A., our condition and wants, who answered it by sending us, the next morning, Dr. Winfield, C. S. A., Medical Inspector Hospital, Camps, &c.; and accompanying him was Col. —, an officer of Gen. Lee's staff, and sent by him. In answer to the inquiry of these gentlemen as to what we were feeding our patients, I stated that flour and bacon were their food, medicine, &c.; it was all we had; that our bacon, though limited in its supply, was absolutely maggoty. This statement was confirmed by Lieut. Lacey Stewart, C. S. A., commanding post. I referred him to the wan, worn, and exhausted countenances of the patients; that what little choice stores we had were removed by their own people on the 15th inst. They left, saying they would see to it, and send us all they could; that they had been providing us with rations the same as was supplied their own men; that they would also interest Gen. Lee in our behalf. In the evening they sent us a small invoice of medical stores; the first and only supply from the C. S. A. I will here state that nearly one hundred of the patients, then at Savage's Station, had recently been brought from a hospital, situate on the battlefield of Friday, 27th June, where they had lived on nothing but flour from the day of the battle up to the 16th of July, and hence were exhausted, and many moribund when they arrived.

This hospital was under the charge of the late Dr. Milner, U. S. A., who fell a victim to cerebral exhaustion, induced by this insufficiency of food.

In reference to the removal of the wounded men to Richmond and their subsequent treatment, Dr. Winfield, C. S. A., stated that they should never have been removed until paroled, and then sent directly to our lines; that their removal was not in accordance with Gen. Lee's or the Medical Director's wishes, and intimated that it was brought about by some meddlesome parties in Richmond who wished to exercise a little brief authority. But I gravely suspected that it was more a desire to make an exhibition of the "wounded Yankees" (as they familiarly called them) than it was a meddlesome interference. Still I cheerfully and fully exonerated Gen. Lee from any part or knowledge in this transaction.

I feel assured that all the deficiencies and difficulties which we experienced were not the fault of Gen. Lee or his medical staff, since all the generals and medical officers with whom we were brought in contact were unusually attentive to the necessities of the wounded and sick; but that there was a fault somewhere there is no question, and that fault I attribute to the inhumanity of the authorities of Richmond, and this fault has been a fatal one to many of our wounded soldiers.

In view of all the circumstances here set forth, on the 20th I summoned all the medical officers present to meet in order to devise some suitable means of sustaining and supporting the strength and thereby preserving the lives of

the wounded remaining at Savage's Station. In the afternoon I visited several farmhouses in the neighborhood; found mutton and beef very expensive. From this time we made mutton soup in addition to the rations furnished, and which supply I kept up with my own funds.

This day for the first, Lieut. Lacey Stewart, commanding post, succeeded in obtaining in addition to the regular rations, some sugar, salt, and dried apples, the first and last they furnish'd. I have since learned that these things were drawn for his own command, and that they generously divided them with the wounded.

To-day (22d) Dr. Sutton, U. S. A., died exhausted from typhoid remittent fever.

On the 23d the Surgeons passed preamble and resolutions, and attended the funeral in a body.

I also visited some of the battle-fields and ascertained that none of our dead had been buried. They remained as they had fallen; simply sufficient dirt had been thrown over them to form a scanty covering, and in many instances hands and feet were still projecting, and many of the bones are now strewn about the field. This was true of all the battle-fields from Gaines' Mill to James river. This, together with the unburied horses, made the atmosphere very offensive and sickening to those in hospitals. One fact is here worthy of notice: while the Confederates removed all their wounded, buried their dead men and horses in some secluded spot, they failed to bury our dead at all, and at best left them exposed for several days, a loathsome spectacle to behold, and from the fact of its occurring on every battle-field from Gaines' Mills to James river, one would be led to suppose that it was done purely for effect. We noticed another fact, that our wounded were always left on the battle-field, not only till theirs had been removed, but their dead men and horses removed also. As an instance: some of the wounded of Monday (battle of White Oak Swamp) were left on the battle-field until Saturday, for which I could not see any palliating circumstances, nor could the enemy render any valid excuse.

On the 25th one of our surgeons, Dr. Milner, U. S. A., died very suddenly from inanition, induced by insufficient food. Upon this occasion I again addressed Dr. Guild, in reference to our condition.

On the 26th the surgeons met, passed appropriate resolutions in reference to his death, and attended his funeral in a body. At the same time I addressed Gen. Winder, and I received the following verbal answer: "He had nothing to do with us."

On the 26th, Lieut. Lacey Stewart, commanding post, went to Richmond, and in the evening returned with a train of cars, saying we must be loaded by four o'clock A.M., the following morning, to be transhipped to City Point the same day. The following morning, according to directions, we moved to Richmond, under the kind care of Dr. Cullen, C.S.A., and were carefully transferred in good ambulances to the Pittsburgh Railroad Depot, from thence to City Point, arriving at that place about five P.M., 27th, and were soon shipped on board our own transports; this being the last of our sick and wounded from these battle-fields before Richmond, except some few minor cases. The next day (28th), I reported to Dr. Letterman in person, who said under the circumstances I had better report to you (Surgeon-General).

I herein append the names of the sick and wounded of those remaining at Savage's Station on Monday the 30th day of June, and those received at that time, and up to our departure (27th July), also the names of those who died as far as could be ascertained.

All of which is respectfully submitted,

JOHN SWINBURNE, Surgeon in charge.

WILD THYME IN WHOOPING-COUGH.—M. Joset says that an infusion of wild thyme will, in many cases of whooping-cough and affections of the air passages, remove the complaint when all other remedies fail.—*Med. News.*

TO CORRESPONDENTS.

An Inquirer.—The statement of Prof. Lee that the mortality of England is 8 in 1000 of the population, was a misprint of 18 in 1000.

J. V. (St. Louis).—The charges against Brig. Surg. Hewitt have been withdrawn, and he is, we believe, assigned to duty.

Many Inquirers.—The appointment of surgeons to examine drafted persons is made by the Governor of the several states.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 8th day of September to the 15th day of September, 1862.

Deaths.—Men, 89; women, 104; boys, 188; girls, 151; total, 529. Adults, 153; children, 336; males, 274; females, 255; colored, 4. Infants under two years of age, 274. Children born of native parents, 86; foreign, 25.

Among the causes of death we notice.—Apoplexy, 5; infantile convulsions, 46; croup, 11; diphtheria, 9; scarlet fever, 8; typhus and typhoid fevers, 14; consumption, 56; small-pox, 2; measles, 8; dropsey of head, 18; infantile marasmus, 55; cholera infantum, 75; inflammation of brain, 11; of bowels, 12; of lungs, 8; bronchitis, 5; congestion of brain, 9; of lungs, 8; erysipelas, 6; diarrhoea and dysentery, 30. 296 deaths occurred from acute diseases, and 42 from violent causes. 34 were native, and 145 foreign; of whom 98 came from Ireland; 57 died in the City Charities; of whom 16 were in Bellevue Hospital, and 6 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Sept.	Barometer.		Temperature.		Difference of dry and wet bulb. Therm.		Wind.	Amount of cloud.	Humidity.	Saturation, 1000.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean				
		In.	In.	*	*	*				
1862										
8th.	30.07	.07	75	67	88	8	10	S.	8	584
9th.	30.11	.06	71	65	77	10	16	N.	.04	540
10th.	30.21	.11	69	60	76	10	17	N.E. to S.	.08	580
11th.	30.24	.14	71	61	77	9	15	N.E. to S.E.	6	570
12th.	30.00	.21	71	61	75	3	4	N. E.	10	821
13th.	30.10	.20	67	62	71	9	15	N. W.	3	540
14th.	30.21	.11	62	60	65	9	14	NW to SW	5	590

REMARKS.—8th, Cloudy, A.M., sultry day. 9th, Sultry, A.M., fresh wind p.m. 10th, Fine, wind fresh. 11th, Sultry, A.M., variable p.m., rain late at night. 12th, Rainy all day, lightning at 2 P.M. 13th, Variable, wind fresh. 14th, Variable, wind fresh, A.M.

College of Physicians and Surgeons.

The Preliminary Course of Lectures will commence on Monday, Sept. 22d, at 10 o'clock A.M., and continue until the opening of the Regular Course, October 20th. The Lectures will be delivered by

Dr. Detmold on Orthopedic Surgery.

Dr. Loomis on Auscultation.

Dr. Watts on the Anatomy of the Heart and Vessels.

Dr. St. John on Meteorology applied to Hygiene.

Dr. Conant on Dislocations.

Dr. Livingston on Mechanical Appliances in Surgery.

Students of the College are admitted to all the Clinical Instruction given in the New York and Bellevue Hospitals on the same basis as heretofore. At the New York Hospital, Drs. Smith, Parker, and Markoe, and at the Bellevue Hospital, Drs. Parker and Clark, are members of the attending staffs.

Dr. Churchill's Hypophosphites.

PREVENTION AND CURE OF CONSUMPTION

A supply of these important medicines,

SYRUP OF HYPOPHOSPHITE OF SODA,
SUPUP OF HYPOPHOSPHITE OF LIME,
PILLS OF HYPOPHOSPHITE OF QUININE,
PILLS OF HYPOPHOSPHITE OF MANGANESE,

has arrived from Paris with directions for use. Persons suffering from chest affections can now procure the above preparations genuine, as used by Dr. Churchill.

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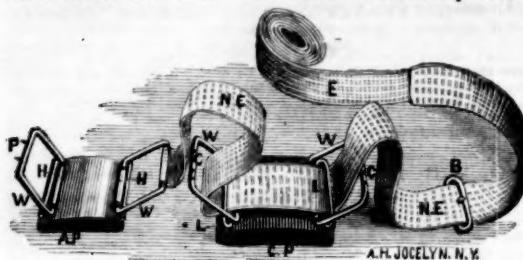
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